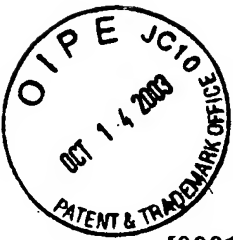


**SURGICAL RETRACTOR CLAMP CONNECTABLE TO AN ARM OF THE
RETRACTOR**



CLAIM OF PRIORITY

[0001] This application claims the benefit of U.S. Provisional Patent Application No. 60/394,342 filed July 3, 2002.

BACKGROUND OF THE INVENTION

[0002] The method and devices disclosed are related to procedures and products utilized in minimally invasive joint surgery, and more particularly to retractors and associated components which are utilized in minimally invasive hip surgery.

BRIEF DESCRIPTION OF RELATED ART

[0003] Traditionally, hip surgery is an invasive procedure. Surgeons usually make large incisions and dislocate the femur at the hip. The femur is then placed across the patient's stomach while the surgeon accesses the hip area.

[0004] In order to shorten the recovery times, minimally invasive surgery has been proposed so that recovery times can be shortened which reduces the total costs of the procedure. In order to perform minimally invasive surgery on joints, such as the hip, new procedures and devices are necessary.

SUMMARY OF THE INVENTION

[0005] A need exists for a retractor support apparatus and associated components as well as a method for their use in minimally invasive joint surgery, including hip surgery.

[0006] A need also exists for the use of a retractor assembly and associated components for use in minimally invasive joint surgery.

[0007] Another need exists for an improved retractor.

[0008] Another need exists for an improved retractor clamp.

[0009] Yet another need exists for an improved retractor frame.

[00010] Accordingly a retractor assembly includes a retractor frame having two arms extending from a rack. The two arms may be curved, straight, or angled. The arms may also be hinged. At least one, and possibly both of the arms are locatable relative to the rack. Instead of being straight as has been traditionally done, the rack may be curved such as to define an arc of a circle, or having a changing radius such as a segment of a french curve.

[00011] Retractor clamps are utilized with the frame and may be connected to either the arms or the rack itself. Some retractor clamps are adapted to fit slide into position and need not necessarily have any other connecting mechanism to secure the clamp to the arm or rack. Other clamps have a retaining clip which may be spring biased to hold the clamp in a desired location on the arm or rack. Some clamps maintain a mount in a fixed position. Other clamps have mounts which are pivotable relative to their connection on the arm or rack. The rack or other portion of the system may then be connected to a bed rail or vertical post connected to the operating table or other fixture to fixedly secure the position of the retractor system components. The pivoting feature allows the mount to lift or push retractor blades into or out of an incision. The retractor clamps may be connected to a retractor handle and then to a blade. When the tissue is retracted to a desired position, the clamp is then secured to an arm or rack. The handle may then be disconnected from the blade.

[00012] Additionally, an extension arm is illustrated connected to an arm. The extension arm allows for substantially three hundred and sixty degrees of capability of positioning retractor clamps about an incision.

BRIEF DESCRIPTION OF THE DRAWINGS

[00013] The particular features and advantages of the invention as well as other objects will become apparent from the following description taken in connection with the accompanying drawings in which:

Fig. 1 is a top plan view of a retractor frame of a presently preferred embodiment of the present invention;

Fig. 2. is a top plan view of a first alternatively preferred embodiment of the retractor frame of the present invention;

Fig. 3a is a top plan view of a second alternatively preferred embodiment of the retractor frame of the present invention with two retractor clamps connected thereto;

Fig. 3b is a back side plan view of the rack used in the retractor frame of Figure 3a;

Fig. 4a is a top plan view of a third alternatively preferred embodiment of the retractor frame of the present invention with an extension arm connected thereto;

Fig. 4a is a side perspective view of the extension arm shown in Figure 4a;

Fig. 5 is top plan view of a fourth alternatively preferred embodiment of the retractor frame of the present invention;

Fig. 6 is a side plan view of an arm of the fourth alternatively preferred embodiment in an unlocked position;

Fig. 7 is a side plan view of a preferred retractor clamp of the present invention;

Fig. 8 is a side plan view of the retractor clamp of Fig. 7 with the mount pivoted downwardly;

Fig. 9 is a side plan view of the retractor clamp of Fig. 7 with the mount pivoted upwardly;

Fig. 10 is a top plan view of the retractor clamp of Fig. 7.

Fig. 11 is a side plan view of a first alternatively preferred retractor clamp of the present invention;

Fig. 12 is a side plan view of a second alternatively preferred retractor clamp of the present invention;

Fig. 13 is a top plan view of the retractor clamp of Fig. 12;

Fig. 14 is a side plan view of a retractor blade for use in the present invention;

Fig. 15 is a top plan view of the retractor blade end shown in Figure 14.

Fig. 16 is top plan view of an alternatively preferred retractor blade end.

Fig. 17 is a side plan view of the retractor blade end of Fig. 16;

Fig. 18 is a side plan view of a handle for use with the retractor blades of Fig. 15-17. and

Fig. 19 is a perspective view of a surgical retractor system in use.

DETAILED DESCRIPTION OF THE DRAWINGS

[00014] Accordingly, Figure 1-17 show a plurality of embodiments of the devices used with minimally invasive joint surgery. Figure 1 shows a retractor frame 10 having a curved rack 12 or cross member. Racks of traditional frames are not believed to have been curved structures, however the curved rack 12 has been found helpful in applications such as joint surgery since the distal portion 14 of the rack 12 is further from the first arm 18 than the proximal portion 16. In a properly designed frame 10, the distal portion 14 will be out of the surgeon's way so that he or she can access the incision between the arms 18,20.

[00015] Another feature believed to be novel is the provision of two adjustment housings 22,24 which are slidably mounted relative to the rack 12 with each housing 22,24 respectively connected to the arms 18,20. This feature is believed to be helpful so that the rack 12 which is not intermediate

the housings 22,24 may be positioned so that is opposite the surgeon, or otherwise located out of the way.

[00016] In Figure 2, frame 30 is illustrated with rack 32 having a first and second arcs 34,36 which would have two different radii. In other embodiments, the radii could be continuously changing such as provided by a french curve and/or include more distinct radii sections. This may assist in providing a desired angular relationship between the arms 38,40 for some surgical procedures at a desired spacing.

[00017] As can be seen by examining figures 1 and 2, the arms 18,20 and 38,40 are not parallel. While the arms 18,20 and 38,40 could be parallel in some embodiments, such as shown in Figure 4, the non-parallel nature of these arms is believed to be new to the art when straight arms are utilized. Additionally, as shown in Figure 2, the angular relationship between the arms 38,40 can be varied based on where on the rack 32 the arms 38,40 are positioned, especially if each arm 38,40 has a housing 42 connected thereto to allow movement of the both arms 38,40 relative to the rack 32. As can be seen in Figure 1, the angle between first and second axes 26,28 is about 15 degrees. Depending on the spacing between the housing for a fixed radius arc segment of rack 12, the angle will vary with the spacing.

[00018] In Figure 2, since the rack has multiple radii arc segments, the angle between first and second axes 44,46 is not solely dependent upon spacing between the arms 38,40. While the three axes 44,46,48 are substantially equally spaced from one another where they intersect the rack 32, the angle between the first and second axes 44,46 while the angle between the second and third axes 46,48 is about forty five degrees. In other embodiments, the radii of arc segments may be different

which of course would affect the angular relationship of the arms 38,40 as the spacing between the arms is increased or decreased.

[00019] Of course, housings may be designed or provided that allow for the arms 38,40 to be maintained parallel to the rack 32 through the changes in radii or for a specific radii by providing a connection of the arms at the housing allowing rotational movement of the arm relative to the housing or otherwise.

[00010] Figure 3a shows an alternatively preferred embodiment of the preferred invention which shows some of the versatility of the retractor system described herein. Retractor 50 has a fixed arm 52 and a moveable arm 54. Unlike the hinged and straight arms shown in Figures 1 and 2, the arms 52,54 are curved along their length. This structure is believed to assist for certain shaped incisions. The rate of curvature may vary along the length, however the embodiment shown shows a relatively constant rate of curvature. The rack 56 may be substantially linear as illustrated, or could be curved as shown in Figures 1, 2 and 3b. The arms 52,54 as well as the rack 56 may be provided with retractor clamps 58,60. Although the clamps are shown on the first arm 52, they may also be placed on the second arm 54 or the rack 56. The arms 52,54 may either have a smooth back 62, or a scalloped back 64 depending upon the needs of the user and the particular components to be utilized with the retractor frame 50. Of course, some racks 56 can be dome shaped or curved as shown in Figure 3b as well as curved as shown in Figures 1 and 2 so that they are curved in more than two dimensions. The "doming" of the rack 56 has been found helpful in getting the ends 57,59 out of a surgeon's way in some procedures.

[00021] Figures 4a and 4b has been provided to illustrate a particular accessory for use with retractor frames, such as with a traditional frame 70 or any of the improved frames shown in Figures

1-3 or others. The extension arm 72 is believed to be a new development in the field of components utilized with retractor frames 70. The extension arm 72 may provide a surgeon the ability to provide substantially 360 degree coverage about an incision for locations to place a retractor clamp, and thus direct a retractor into an incision. This flexibility provides the surgeon with numerous options to provide a retracted incision while minimizing any impediments to his vision or ability to work within the incision.

[00022] Depending on the needs of the surgeon, the extension arm 72 may be substantially planar with the arms or it may elevate a support surface 74 above the arm, illustrated as first arm 76 it is connected so that the support surface 74 may pass over, or under, the second arm, such as second arm 78. Of course the extension arm 72 may be connected to the second arm 78 instead of the first arm 76 as illustrated. Additionally, the extension arm 72 may be equipped with a housing 80 which may either secure the extension arm 72 to an arm 76,78 or it may be somewhat similarly constructed as the housing 82 on either the first or second arms 76,78 to allow the surgeon or assistant to retract tissue away from the rack 84. Additionally, the extension 74 is illustrated as having a curved and/or domed support surface 74, however it could be straight, angled or otherwise constructed such as in a manner illustrated for the racks and arms shown herein. The use of the extension arm 74 is believed to be a huge improvement over the technique shown in U.S. Patent No. 5,795,291, incorporated by reference, which requires using two retractor frames. Furthermore, the system utilized may be secured to a fixed support such as a vertical post 300, a rail of an operating table or other appropriate location as shown in Figure 19.

[00023] Figures 5 and 6 show other features which may be incorporated into retractor frame construction for minimally invasive joint surgery. Frame 90 is illustrated having a rack 92 with arms

94,96 connected thereto. Housings 98,100 allow either of the arms 94,96 to be moved relative to the rack 92. The arms 94,96 have intermediate segments 102,104 which are angled relative to first and second end segments 106,108 and 110,112, respectively. The first and second end segments 106,110 and 108,112 are parallel to one another, respectively.

[00024] From Figure 6, the geometry of the arms 94,96 can be seen as being substantially rectangular except where the first segment 110 connects with housing 100. Although other geometrical arrangements can be utilized, in the embodiment shown in Figures 5 and 6, the first segment 110 is substantially round at base 114. The base 114 has serrated surface 116 which cooperates with serrated surface 118 on housing 100. Locking lever 120 locks and unlocks the first segment 110 relative to the housing 100.

[00025] The first segment 110 is illustrated as being rotatable relative to the housing 100 so that retractors may be positioned down into a wound or elevated relative to the wound when the first segment is in an unlocked configuration as shown in Figure 6. This feature is also believed to be useful with racks which are dome shaped as shown in Figure 3b to provide a desired angle of the arms relative to the rack (for instance, the planes the arms are in may be made to be parallel to one another even though the rack is not linear in some embodiments). By locking the first segment 110, the serrated surfaces 116,118 are brought into contact with one another to fix the rotational position of the arm 110 relative to the housing 110. The lever 120 is operably connected to a cam (obscured from view) within the first segment 110 which cooperates with post 122 to move the first segment 110 relative to the housing 110. Of course, there are other ways known in the art wherein the first segment 110, or a portion of the first segment 110 may be rotatably positioned relative to axis 124 and then secured at a desired position.

[00026] The first arm 94 is illustrated as having a similar angular adjustment feature as the second arm 96 which has been described in detail above. While this embodiment has hinged arms defined by segments 106,102,108 and 110,104,112, the arms of Figures 1 - 4 could also be provided with this capability.

[00027] The interior workings of the housing 100 are also illustrated in Figure 6. While other devices are known in the art, the housing 100 has a driver 126 actuated by a handle 128. The driver 126 illustrated is a wheel with spokes 130 adapted to fit within slots 132 shown in Figure 5. Release lever 134 may act allow the driver 126 to act as a ratchet to move in only one direction when in the normally biased position illustrated, or it may be depressed to disengage the driver 126 from the slots 132 to allow the arm 96 to be positioned at the will of the user of the rack 92.

[00028] Referring back to Figure 3, two clamps 58,60, are illustrated. Details of these clamps and others are shown in Figures 7-13. Figure 7 shows a side plan view of a clamp 140 which has a release button 142 for removing the clamp 140 once installed as shown in Figure 3. The button acts on latch 144 about pivot 146. The latch 144 is normally biased by spring 148 into engagement with a back side 62 of an arm 52. While clamps have only been shown in Figure 3, the same clamps could be utilized with any of the embodiments illustrated on any of the arms or racks.

[00029] The clamp 140 has a slot 150 which receives an arm or a rack therein. The latch 144 retains the inserted frame part. The slot 150 is illustrated as defined between upper and lower surfaces 152,154. The upper and lower surfaces 152,154 are illustrated as parallel to one another. The clamp has a mount 156 which connects to the member 158 containing the slot 150. The mount 156 of this embodiment is moveable relative to the member 158. This feature is not provided in the clamps shown in Figures 11-13.

[00030] In the clamp 140 of Figures 7-10, the mount 156 is connected to or more preferably a part of leg 160. Leg 160 is operably coupled to the member 158 by pivot 162. Figure 7 shows the leg 160 substantially parallel to the slot 150. In order to change the angle of the leg 160 relative to the slot 150, operator 164 is utilized. By twisting on operator 164, threads at distal end 166 pass through nut 168 which is then moved along the axis of rotation of the operator 164. As the nut 168 moves, it acts against projections 170,172 to either pivot the leg downwardly as shown in Figure 8, or upwardly as shown in Figure 9. Of course, there are cutout portions in the projections 170,172 and leg 160 which receive the distal end 166 of the operator 164 to allow for this positioning.

[00031] Should a user desire to rapidly change the angle of the mount 156 relative to the slot 150, a quick release button 174 can be pushed which disengages threaded gear 176 to release the operator 164. Releasing the button 174 re-engages the gear 176 with the operator 164 to allow for continued adjustment with the operator 164.

[00032] Figure 10 shows a top plan view of the clamp 140. Groove 178 provides access to the mount from a hand held gripper which is illustrated in Figure 18. When using a retractor blade equipped with a head as shown in Figure 14, the head may extend up into the mount 156 where it is held by the hand held gripper and then the retractor is pulled or pushed into a desired location where the clamp may then be connected to an arm or rack and the hand held gripper may then release the clamp.

[00033] Figure 11 shows an alternatively preferred embodiment of a clamp 180 which lacks the pivotal capability of the mount 182 and leg 184 relative to the slot 186. Apart from this difference, the clamps 140 and 180 are very similar. The top view of the clamp 180 will be very similar to that shown in Figure 10 without the operator 164 extending as shown.

[00034] Figure 12 shows another clamp 190 which slides onto an end of an arm or rack of a frame.

The top view of the retractor clamp 190 of Figure 12 is shown in Figure 13. This clamp may either remain moveable along the arm or rack or may be outfitted with a connector such as shown on the extension arm in Figure 4a or otherwise to secure the clamp 190 at a desired location relative to an arm or rack.

[00035] Figure 14 shows a retractor blade 200 which has a head 202 and a contact surface 204.

Although the contact surface 204 is illustrated as a "Hohmann" contact surface which is shown in detail in Figure 15, Figures 16 -17 show a "Hayes" contact surface. Of course other retractor blade contact surfaces which resemble paddles or other structures may also provide a contact surface for various uses. The head 202 may take on a number of shapes and is adapted to work with the selected mount of the clamp which will be utilized to retain the retractor blade.

[00036] Figure 18 shows a hand held gripper 210. The gripper 210 has a handle 212 which twists relative to a shoe 214. As the handle 212 is twisted, a post 218 extends into a bore in the shoe 214 and onto a top of a head 202 of an inserted retractor blade 200 to secure the blade relative to the gripper 210. The head 202 has previously been inserted into slot 216 in the gripper 210. In order to release the head 202, the handle 212 is twisted in an opposite direction and the head 202 is released by the post 218. The head 202 may then be slid out of slot 216.

[00037] Numerous alternations of the structure herein disclosed will suggest themselves to those skilled in the art. However, it is to be understood that the present disclosure relates to the preferred embodiment of the invention which is for purposes of illustration only and not to be construed as a limitation of the invention. All such modifications which do not depart from the spirit of the invention are intended to be included within the scope of the appended claims.

[00038] Having thus set forth the nature of the invention, what is claimed herein is:

1. A surgical retractor comprising:

a laterally extending rack having a proximal and distal portion;

a first arm connected to the rack at a first location and extending longitudinally from the first location to an end;

a moveable second arm having a housing for slidably engaging a portion of the rack, said second arm extending longitudinally from the housing to an end; said housing having an adjustment mechanism for allowing the positioning of the housing relative to the rack at a desired location and at least temporary fixating the housing at the desired location; and

a retractor clamp having a slot therein, said clamp slidably engaged on one of the first and second arms, said clamp having a leg extending therefrom with a mount for receiving a connector head of a retractor blade.

2. The surgical retractor of claim 1 wherein the clamp further comprises a member containing the slot therein and a latch, said latch connected to the member for selectively retaining the clamp at a selected position relative to the one of the first and second arms.

3. The surgical retractor of claim 1 wherein at least one of the first and second arms has a plurality of teeth in a toothed back surface and the latch is retained intermediate two of the plurality of teeth.

4. The surgical retractor of claim 1 wherein the slot is at least substantially parallel to the mount.
5. The surgical retractor of claim 1 wherein clamp further comprises a member containing the slot therein, and the leg is angularly positionable relative to the member.
6. The surgical retractor of claim 5 wherein the clamp further comprises an adjustment mechanism coupled to the leg, and operation of the adjustment mechanism moves the leg relative to the member.
7. The surgical retractor of claim 5 wherein the adjustment mechanism further comprises a threaded shaft which is threadably received relative to at least one of the member and leg, and rotation of the threaded shaft allows for incremental movement of the leg relative to the member.
8. The surgical retractor of claim 7 further comprising a release member on one of the member and leg and operation of the release member disengages the threaded shaft from the one of the member and the leg.
9. The surgical retractor of claim 7 wherein the leg has at least one projection in which the threaded shaft passes through.

10. The surgical retractor of claim 9 further comprising a pivot connecting the member and the leg, and wherein the threaded shaft has a nut thereon which moves along an axis of the shaft upon rotation of the shaft and axial movement of the nut against the at least one projection rotates the leg relative to the pivot.

11. The surgical retractor of claim wherein the clamp further comprises a member housing the slot intermediate upper and lower surfaces, and a latch is coupled to one of the upper and lower surfaces biased into a plane of the slot to selectively retain the clamp relative to the one of the first and second arms.

12. The surgical retractor of claim 1 further comprising a release coupled to the latch wherein operation of the release overcomes biasing forces acting on the latch allowing the latch to be moved out of the plane of the latch so that the clamp may be moved relative to the one of the first and second arms.

13. The surgical retractor of claim 1 wherein the clamp further comprises a member housing the slot therein; said surgical retractor in combination with a hand held gripper having a handle connected by a shaft to a shoe, said shoe having a slot for receiving a connector head of a retractor blade therein; said connector head passing through the mount in the leg and being at least partially retained in the mount by the shoe.

14. The surgical retractor of claim 13 wherein shaft is rotatable relative to the shoe, and further comprising a post, wherein rotation of the shaft in a first direction extends the post into the shoe for securing the head to the shoe with the clamp connected to the connector head.

15. The surgical retractor of claim 14 wherein the rotation of the shaft in the first direction extends the post into the slot until it contacts the connector head.

16. The surgical retractor of claim 13 wherein the shaft is angularly connected relative to the shoe and the member has a groove in which the shaft passes through when the shoe is connected to a connector head extending through the mount in the leg.

ABSTRACT

[00039] A surgical retractor having laterally extending rack with a first arm connected to the rack spaced from the second arm. A retractor clamp has a slot which engages one of the arms. Extending from the clamp is a leg with a mount which receives a connector head of a retractor blade. One or more retractor clamps may be advantageously positioned on either of the arms at a desired location. In the preferred embodiment, the mount is rotatable relative to a member housing the slot such that a retractor blade connected to the mount may be pivoted into and out of an incision. Furthermore the housing member is configured so that a hand held gripper may be connected to the connector head of a retractor blade as it extends through the mount.